

In re **Bruno Paliotta**  
**Anna A. Paliotta**Case No. **1:09-bk-10919**

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding unsecured claims without priority against the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns).

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U E D T O S E T O F F , S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
ACCOUNT NO. <b>CCSA03601</b>							
<b>Charlestown AMB Rescue Serv P.O. box 290184 Wethersfield, CT 06129-0184</b>		<b>W</b>	<b>2010 medical</b>				<b>533.00</b>
ACCOUNT NO. <b>90796-375</b>							
<b>Coastline Ambulance Service C/O Nicholas Barrett &amp; Assoc. 999 South Broadway East Providence, RI 02914</b>		<b>W</b>	<b>2010 medical</b>				<b>1,025.00</b>
ACCOUNT NO. <b>94243451</b>							
<b>Emerg Phys Assoc of New Englan P.O. Box 740021 Cincinnati, OH 45274-0021</b>		<b>W</b>	<b>2010 medical</b>				<b>503.00</b>

B6F (Official Form 6F) (12/07) - Cont.

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO. <b>39143</b>							
<b>Lifespan Home Medical C/O ARS P.O. Box 9427 Providence, RI 02940-9427</b>		<b>W</b>	<b>2008-2010 medical</b>				<b>736.72</b>
ACCOUNT NO. <b>0100012137710910989</b>							
<b>National Grid P.O. box 11740 Newark, NJ 07101-4740</b>		<b>H</b>	<b>2010 Gas</b>				<b>541.96</b>
ACCOUNT NO. <b>1093422</b>							
<b>Rhode Island Cardiology P.O. Box 1054 Providence, RI 02901-1054</b>		<b>W</b>	<b>2008-2010 medical</b>				<b>494.80</b>
ACCOUNT NO. <b>138568977</b>							
<b>Rhode Island Hospital C/O Roger Coutu, Jr., Esq. P.O. Box 9427 Providence, RI 02940-9427</b>		<b>W</b>	<b>2008-2010 medical</b>				<b>7,480.56</b>
ACCOUNT NO. <b>38286387-415-6585</b>							
<b>South County Hospital C/O ALCOA Billing Center 3429 Regal Drive Alcoa, TN 37701-3265</b>		<b>W</b>	<b>2010 medical</b>				<b>488.00</b>
ACCOUNT NO. <b>V00017698214</b>							
<b>South County Hospital P.O. box 5548 Wakefield, RI 02880-5548</b>		<b>W</b>	<b>2010 medical</b>				<b>3,933.84</b>

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							15,736.88